

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

New Prosperity Foundation; The

ADDRESS (number and street)

200 S Wacker Dr

Suite 4000

Chicago

IL

60606

☐ Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00488494

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☒ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

08

01

2012

08

31

2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Gregory Baise

Signature of Treasurer

Gregory Baise

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

09

14

2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

New Prosperity Foundation; The

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
08		01		2012

To:

M M	/	D D	/	Y Y Y Y Y
08		31		2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2012</td></tr></table>	Y	Y	Y	Y	Y	2012						<table><tr><td colspan="5">132583.89</td></tr></table>	132583.89				
Y	Y	Y	Y	Y													
2012																	
132583.89																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">667386.93</td></tr></table>	667386.93															
667386.93																	
(c) Total Receipts (from Line 19) .....	<table><tr><td colspan="5">105005.10</td></tr></table>	105005.10					<table><tr><td colspan="5">917675.89</td></tr></table>	917675.89									
105005.10																	
917675.89																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">772392.03</td></tr></table>	772392.03					<table><tr><td colspan="5">1050259.78</td></tr></table>	1050259.78									
772392.03																	
1050259.78																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">426064.45</td></tr></table>	426064.45					<table><tr><td colspan="5">703932.20</td></tr></table>	703932.20									
426064.45																	
703932.20																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table><tr><td colspan="5">346327.58</td></tr></table>	346327.58					<table><tr><td colspan="5">346327.58</td></tr></table>	346327.58									
346327.58																	
346327.58																	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">5500.00</td></tr></table>	5500.00															
5500.00																	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

New Prosperity Foundation; The

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
08 01 2012

To:

M M / D D / Y Y Y Y Y  
08 31 2012
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

105000.00

917500.00

(ii) Unitemized .....

0.00

10.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

105000.00

917510.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

105000.00

917510.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

150.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

5.10

15.89

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

105005.10

917675.89

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

105005.10

917675.89

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	31213.34	195843.09
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	31213.34	195843.09
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	394851.11	508089.11
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	426064.45	703932.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	426064.45	703932.20

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	105000.00	917510.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	105000.00	917510.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	31213.34	195843.09
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	31213.34	195843.09

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 15

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**New Prosperity Foundation; The**

Full Name (Last, First, Middle Initial)

## **A. Thomas Althoff**

Mailing Address 8001 S Route 31

City

Crystal Lake

State

IL

Zip Code

60014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Althoff Industries

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

08 / 13 / 2012

Transaction ID : SA11AI.4705

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **B. Robert Burt**

Mailing Address 91 Oak Tree Rd

City

Bluffton

State

SC

Zip Code

29910

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

08 / 21 / 2012

Transaction ID : SA11AI.4711

Amount of Each Receipt this Period

25000.00

Full Name (Last, First, Middle Initial)

## **C. John Canning**

Mailing Address 1650 Dublin Ct

City

Inverness

State

IL

Zip Code

60067

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Madison Dearborn Partners

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

08 / 07 / 2012

Transaction ID : SA11AI.4704

Amount of Each Receipt this Period

50000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

80000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 15

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**New Prosperity Foundation; The**

Full Name (Last, First, Middle Initial)

## **A. Paul Finnegan**

Mailing Address 133 Michigan Ave

City State Zip Code  
 Evanston IL 60202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Madison-Dearborn Partners

Occupation  
 Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

08 / 03 / 2012

Transaction ID : SA11AI.4702

Amount of Each Receipt this Period

10000.00

Full Name (Last, First, Middle Initial)

## **B. Richard S Pepper**

Mailing Address 78 Dundee Ln

City State Zip Code  
 Barrington IL 60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 The Pepper Companies

Occupation  
 Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

08 / 21 / 2012

Transaction ID : SA11AI.4709

Amount of Each Receipt this Period

10000.00

Full Name (Last, First, Middle Initial)

## **C. Richard P Toft**

Mailing Address 1036 Miami Rd

City State Zip Code  
 Wilmette IL 60091

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 None

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

08 / 13 / 2012

Transaction ID : SA11AI.4707

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

25000.00

**TOTAL** This Period (last page this line number only)..... ►

105000.00





<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## New Prosperity Foundation; The

6892.64

3430.00

8304.00

31213.34

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 10 OF 15

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4446

New Prosperity Foundation; The

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Ron Gidwitz

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 200 S Wacker Ste 4000

City Chicago

State IL

ZIP Code 60606

Original Amount of Loan

5500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5500.00

**TERMS**

Date Incurred

MM / DD / YYYY  
07 / 05 / 2011

Date Due

MM / DD / YYYY  
7/5/2012

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

5500.00

**TOTALS** This Period (last page in this line only)..... ►

5500.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 11 OF 15  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>New Prosperity Foundation; The</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00488494       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>XPS Professional Services</b>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y            08 / 02 / 2012         </div>	
Mailing Address 220 E Adams St Suite 200		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           28893.73         </div>	
City Springfield	State IL		
Purpose of Expenditure Voter Contact Mail	Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 08	
Name of Federal Candidate Supported or Opposed by Expenditure: L. TAMMY DUCKWORTH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;"> </span> 68193.73		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) <span style="border: 1px solid black; padding: 2px;"> </span>	

Full Name (Last, First, Middle Initial) of Payee <b>XPS Professional Services</b>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y            08 / 06 / 2012         </div>	
Mailing Address 220 E Adams St Suite 200		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           60015.00         </div>	
City Springfield	State IL		
Purpose of Expenditure Advertising - TV	Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 08	
Name of Federal Candidate Supported or Opposed by Expenditure: L. TAMMY DUCKWORTH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;"> </span> 128208.73		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) <span style="border: 1px solid black; padding: 2px;"> </span>	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">         88908.73       </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">         0.00       </div>
<b>(c) TOTAL</b> Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">         88908.73       </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gregory Baise

[Electronically Filed]

Signature

Date

M M / D D / Y Y Y Y Y Y  
 09 / 14 / 2012

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 12 OF 15  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>New Prosperity Foundation; The</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00488494       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;">           M M M / D D D / Y Y Y Y Y Y         </div>		

Full Name (Last, First, Middle Initial) of Payee <b>XPS Professional Services</b>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 5px;">             M M M / D D D / Y Y Y Y Y Y              08 / 06 / 2012           </div>	
Mailing Address 220 E Adams St Suite 200		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px; text-align: right;">             60005.00           </div>	
City Springfield	State IL	Zip Code 62701	Transaction ID : <b>SE.4650</b>
Purpose of Expenditure Advertising - TV	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House    State: IL <input type="checkbox"/> Senate    District: 10 <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: BRADLEY SCOTT SCHNEIDER		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px; text-align: right;">             70535.00           </div>	

Full Name (Last, First, Middle Initial) of Payee <b>XPS Professional Services</b>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 5px;">             M M M / D D D / Y Y Y Y Y Y              08 / 06 / 2012           </div>	
Mailing Address 220 E Adams St Suite 200		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px; text-align: right;">             60000.00           </div>	
City Springfield	State IL	Zip Code 62701	Transaction ID : <b>SE.4651</b>
Purpose of Expenditure Advertising - TV	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House    State: IL <input type="checkbox"/> Senate    District: 11 <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: G. WILLIAM (BILL) FOSTER		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px; text-align: right;">             70520.00           </div>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px; text-align: right;">             120005.00           </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px; text-align: right;">             0.00           </div>
(c) <b>TOTAL</b> Independent Expenditures.....	<div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px; text-align: right;">             120005.00           </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gregory Baise

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2012

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 13 OF 15  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>New Prosperity Foundation; The</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00488494       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>XPS Professional Services</b>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">           08 / 06 / 2012         </div>
Mailing Address 220 E Adams St Suite 200		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           60524.00         </div>
City Springfield	State IL	
Zip Code 62701		<b>Transaction ID : SE.4652</b>
Purpose of Expenditure Advertising - TV	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 13
Name of Federal Candidate Supported or Opposed by Expenditure: DAVID MICHAEL GILL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee <b>XPS Professional Services</b>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">           08 / 06 / 2012         </div>
Mailing Address 220 E Adams St Suite 200		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           60500.00         </div>
City Springfield	State IL	
Zip Code 62701		<b>Transaction ID : SE.4654</b>
Purpose of Expenditure Advertising - TV	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 17
Name of Federal Candidate Supported or Opposed by Expenditure: CHERI BUSTOS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">         121024.00       </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">         0.00       </div>
<b>(c) TOTAL</b> Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">         121024.00       </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gregory Baise

Signature

[Electronically Filed]

Date

09 / 14 / 2012

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 14 OF 15  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>New Prosperity Foundation; The</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00488494       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>XPS Professional Services</b>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">           08 / 11 / 2012         </div>
Mailing Address 220 E Adams St Suite 200		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           1575.00         </div>
City Springfield	State IL	
Zip Code 62701		<b>Transaction ID : SE.4669</b>
Purpose of Expenditure DOOR HANGERS	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 08
Name of Federal Candidate Supported or Opposed by Expenditure: L. TAMMY DUCKWORTH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee <b>XPS Professional Services</b>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">           08 / 11 / 2012         </div>
Mailing Address 220 E Adams St Suite 200		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           1580.63         </div>
City Springfield	State IL	
Zip Code 62701		<b>Transaction ID : SE.4670</b>
Purpose of Expenditure DOOR HANGERS	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11
Name of Federal Candidate Supported or Opposed by Expenditure: G. WILLIAM (BILL) FOSTER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">         3155.63       </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">         0.00       </div>
<b>(c) TOTAL</b> Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">         3155.63       </div>

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Gregory Baise

Signature

[Electronically Filed]

Date

09 / 14 / 2012

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 15 OF 15  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>New Prosperity Foundation; The</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00488494       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>XPS Professional Services</b>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> </div>	
Mailing Address 220 E Adams St Suite 200		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 2px;">1255.75</span> </div>	
City Springfield	State IL	Zip Code 62701	Transaction ID : <b>SE.4668</b>
Purpose of Expenditure DOOR HANGERS		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Office Sought: <input checked="" type="checkbox"/> House State: <u>IL</u> <input type="checkbox"/> Senate District: <u>10</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BRADLEY SCOTT SCHNEIDER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 2px;">5</span> <span style="border: 1px solid black; padding: 2px;">5</span> <span style="border: 1px solid black; padding: 2px;">71790.75</span> </span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) <span style="border: 1px solid black; padding: 2px;"> </span>	

Full Name (Last, First, Middle Initial) of Payee <b>XPS Professional Services</b>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> </div>	
Mailing Address 220 E Adams St Suite 200		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 2px;">60502.00</span> </div>	
City Springfield	State IL	Zip Code 62701	Transaction ID : <b>SE.4695</b>
Purpose of Expenditure Advertising - TV		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Office Sought: <input checked="" type="checkbox"/> House State: <u>IL</u> <input type="checkbox"/> Senate District: <u>12</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: WILLIAM L JR ENYART		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 2px;">5</span> <span style="border: 1px solid black; padding: 2px;">5</span> <span style="border: 1px solid black; padding: 2px;">60502.00</span> </span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) <span style="border: 1px solid black; padding: 2px;"> </span>	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 2px;">61757.75</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 2px;"> </span> </div>
<b>(c) TOTAL</b> Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 2px;">394851.11</span> </div>

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Gregory Baise

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

Signature